



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

## LANGUAGE TRANSLATION INFORMATION

**The Research Coordinator completes this form when any Spanish versions of the CRFs are completed.**

1. Please indicate which of the following case report forms were administered with the Spanish version during this visit? **(Check all that apply)**

- All forms listed were completed with the Spanish versions
- Balance Testing [Spanish version] (**BALANCE**)
- Beck Depression Inventory [Spanish version] (**BDI**)
- Concomitant Medications [Spanish version] (**CMED**)
- Self-Efficacy Questionnaire [Spanish version] (**EFFICACY**)
- Medical Event Questionnaire [Spanish version] (**EVENTSII**)
- Adult Access to Health Care & Utilization [Spanish version] (**HCARE**)
- Kidney Disease and Quality of Life [Spanish version] (**KDQOL**)
- Lubben Social Network Scale [Spanish version] (**LUBBEN**)
- Medical History – Update [Spanish version] (**MEDHXUPIII**)
- Modified Mini-Mental State Exam [Spanish version] (**MMSE**)
- Physical Activity Assessment [Spanish version] (**PHYACT**)
- Short Test of Functional Health Literacy in Adults [Spanish version] (**STOFHLA**)
- Symptoms List [Spanish version] (**SXLIST**)